

# POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Electronic Version v05

Stylesheet Version v05.0

**Title of Invention**

Implantable Medical Device with Multiple Electrode Lead and Connector with Central Fastener

First Named Applicant : Elmar R. Fischer Sr.

Attorney Docket Number : 4072-036

We hereby appoint the registered practitioner(s) at Customer Number:

29797



as attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

We are the Applicants/Inventors.

Full Names of Applicants of Record:

Mr. Elmar R. Fischer Sr.

Signature: /erf/

Date: 2003-10-03

Dr. John A. Schmidt

Signature: /jas/

Date: 2003-10-06

**Combined Declaration and Power of Attorney**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

# IMPLANTABLE MEDICAL DEVICE WITH MULTIPLE ELECTRODE LEAD AND CONNECTOR WITH CENTRAL FASTENER

the specification of which is identified as attorney Docket Number 4072-036, and was filed as US Provisional Application 60/319,606 on October 10, 2002.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

60/319,606 (Application No.) October 10, 2002 (Filing Date)

And I hereby appoint John R. Merkling (Reg. No. 31,316)

whose address is John R. Merkling, 310 South Yaupon Street, Richwood, TX 77531-2229, Tel.: 979-388-8443, as my attorney and/or agent, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Direct all correspondence and telephone calls to: John R. Merkling, Esq. at the address and telephone number shown above.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of Inventor (One of Two) : Elmar R. Fischer

Inventor's Signature John W. Brink  
Residence 6805 Grouse Hollow, Centerville, MN 55038  
Citizenship DE  
Post Office Address Same as above

4072-036

## **Combined Declaration and Power of Attorney**

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Full name of Inventor (One of Two) John A. Schmidt

**Inventor's Signature**

## Residence

## Citizenship

**Post Office Address**

of Two) John A. Schmitt

Date

10/6/03

18420 Wide Meadow Square, Leesburg, VA 20176